

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-023003

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary-Registration District No.

1002

Registrar's No.

3022

FILED JUN 25 1962

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Kansas City

Length of stay in lb

2 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Lakeside Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Kansas

b. COUNTY

Wyandotte

c. CITY

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

1735 Waverly

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

ROBERT FREDERICK EHRHARDT SR.

## 4. DATE OF DEATH

Month

Day

Year

June 5, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7/10/1891

## 9. AGE (last birthday)

70 yrs.

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

printer in press rm.

## 10b. KIND OF BUSINESS OR INDUSTRY

Bemis Bag Co.

## 11. BIRTHPLACE (City and state or country)

Topeka, Kansas

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Theodore Ehrhardt

## 13b. MOTHER'S MAIDEN NAME

Matilda Keesler

## 14. NAME OF HUSBAND OR WIFE

Jennie E. Ehrhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Jennie E. Ehrhardt 1735 Waverly

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

Myocardial Failure  
Atelectasis Right Lung  
Bronchial asthma

## INTERVAL BETWEEN ONSET AND DEATH

3 d

1 year

1 year

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Death occurred at 6/5/62

6/8/62 5:45 P.

6/5/62 and last saw him alive on 6/5/62

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

E. E. Zrui

## 22b. ADDRESS

4640 Tricast Rd No

## 22c. DATE SIGNED

6/6/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

6/9/62

## 23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cemetery

## 23d. LOCATION (City, town, or county)

Kansas City, Ks.

## 24. FUNERAL DIRECTOR

## ADDRESS

Geo. F. Porter &amp; Sons K.C.Ks.

## 25. DATE RECD. BY LOCAL REG.

6-2-62

## 26. REGISTRAR'S SIGNATURE

Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

F.E. Zrui MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

1

2 8/50  
X 2

3

4 0

5 1

6

7 1

8 0

9 241X

10

11

12 60-2

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student: \_\_\_\_\_  
Signature of Student Embalmer

Signed Howard L. Porter

Licensed Embalmer No. 3751

P. O. Address 19th & Minnesota  
Kansas City, Ks.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.